



The City of San Diego Park and Recreation Department "We Enrich Lives Through Quality Parks and Programs" www.sandiego.gov



Linda Vista Recreation Center

7064 Levant Street San Diego, CA 92111 T: (858) 573-1392 F: (858) 636-4873

YOUTH SOCCER LEAGUE

We are currently signing up participants for this year's youth soccer teams. If your child is interested in playing, pick up a **Waiver**, **Release of Liability**, and **Authorization for Medical Treatment** form at the Linda Vista Recreation Center and return it along with a copy

of your child's Birth Certificate. Registration is open to the first 40 participants in each division.

Division:

5 to 7 years old 8 to 10 years old 11 to 12 years old 13 to 14 years old 15 to 16 years old

Cost: \$5.00



LIGA DE FUTBOL JUVENIL

Actualmente estamos registrando participantes para los equipos de futbol juveniles de este año. Si su niño está interesado a jugar, recoge una Renuncia de Responsabilidad y Autorización Para el Tratamiento Médico en el centro de recreación de Linda Vista y regréselo junto con una copia del Certificado de Nacimiento del niño. Las inscripciones estarán disponibles para los primeros 40 participantes en cada división.

Divisiones:

5-7 años

8-10 años

11-12 años

13-14 años

15-16 años

\$5.00

As a recipient of federal funds, the City of San Diego cannot discriminate against anyone on the basis of race, color, creed, sex, age, national origin or ancestry, religion, pregnancy, physical or mental disability, veteran status, marital status, medical condition, gender (transsexual and transgender) sexual orientation, as well as any other category protected by federal, state, or local laws. If anyone believes he or she has been discriminated against, he or she may file a complaint alleging the discrimination with either the City of San Diego Park and Recreation Department (contact District Manager (619) 221-8804) or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240. This information is available in alternative formats upon request. PRINTED ON RECYCLE PAPER

WAIVER, RELEASE OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT

DISMEMBERMENT, AND DEATH AND OTHER LOSS INCLUDING DAMACE TO PROPERTY. 3. IKNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF). 4. IRELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO OR THE RECREATION COUNCIL, their officers, agents or employees with respect to any and all such injury including, but not limited to paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations. 5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules, as well as any instructions given during the classes/activities/events listed below, including during lessons, practices, meets, special events, field trips, games or tournaments. 6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child (or to myself) while participating in this activity, including during lessons, practices, meets, special events, field trips, games or tournaments. 7. THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS. 8. I hereby give permission for the above named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation. 9. I certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation in the classes/activities/events listed below and that he/she (or I'm) free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures and epilepsy may not participate until a medical clearance has been submitted. In addition, I must notify the coach/instructor/leader of any health conditions(s) prior to participation. 10. I understand and agree that it is my sole responsibility to ensure that the address and emerg	PARTIC	CIPANT'S NAME (<u>PRINT</u>)	:			DATE OF BIRTH:	//	
PHONE: () EMERGENCY CONTACT NAME: EMERGENCY CONTACT ** () EAMILY PRINSICIAN: TELEPHONE: () INSURANCE COMPANY: Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, etc.): In consideration of heing allowed to participate in City of San Diego and Recreation Council Programs, I acknowledge and agree that: I. Neither the City of San Diego nor the Recreation Council maintains health insurance for injuries to the participant that may arise out of involvement in classes/activities/events. By virtue of participation, PARTICIPANTS RISK BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PARALYSIS DISMEMBERMENT, AND DEATH AND OTHER LOSS INCLUDING DAMAGE TO PROPERTY. I KNOWINGLY AND PRELLY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF). I RIELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO OR THE RECREATION COUNCIL, their officers, agents or employees with respect to any and all such injury including, but not limited to paralysis, dissemberment, death of loss except that injury or loss which results from gross neglegience or willfull or wanton misconduct of one of those individuals or organizations. I agree to inform my child that heishe must follow (or I agree to follow) all safety rules, as well as any instructions given during the classes/activities/events listed below, including during lessons, practices, meets, special events, field trips, games or tournaments. I hereby authorize and give my consent for medical eare to be given in an emergency situation to the above names of thournaments. THIS ACREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS. Thereby give permission for the above named child (or myself) to be photographed, videotuped or recorded for publicity purposes and that I waive all claims for compensation, or the selection of the properties of the properties of the properties of the participation in the classes/activities/events by an advised properties of the properties of the properties of the properties of the properties	ADDRE		Street	Apt./Suite	City	State	Zip Code	
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8. I hereby give permission for the above named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation. 9. I certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation in the classes/activities/events listed below and that he/she (or I'm) free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures and epilepsy may not participate until a medical clearance has been submitted. In addition, I must notify the coach/instructor/leader of any health condition(s) prior to participation. 10. I understand and agree that it is my sole responsibility to ensure that the address and emergency contact information are accurate at all times. 11. CONSENT TO TREATMENT OF A MINOR: In the event of sudden illness, accident or injury which may occur while said minor is engaged in classes/activities/events by City of San Diego and their representative, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the State of California. 12. The classes/activities/events to which this waiver, release of liability and authorization for medical treatment pertain are: Class/Activity/Event Participant or Parent/Legal Guardian Initials Date a. Flag Football b. All Athletic Clinics c. Basketball d. Soccer e. Baseball f. Softball g. Co-ed Volleyball PARTICIPANT'S SIGNATURE (If Participant is 18 years or older): PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER: This is to certify that as a Parent or Legal Guardian of the participant, I consent to his/her waiver and release as set forth above. I realize participation in this program is voluntar			BINDING ON MY	HEIRS, PERSONAL	REPRESENTATIVI	ES, NEXT OF KIN, SP	OUSE AND	
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